

Minutes of Pediatric Care Committee Meeting
June 6, 2002
9:00 - 10:30 a.m.
Medical Board Room (2C116)

PRESENT: Dr. Deborah Merke, Chair
Ms. Margo Aron
Dr. Nilo Avila
Mr. Gilson Brown
Ms. Tannia Cartledge
Ms. Linda Coe
Ms. Barbara Corey
Dr. Gregory Dennis
Dr. Ray Fitzgerald
Dr. Lee Helman
Dr. Paul Jarosinski
Ms. Tammara Jenkins
Dr. Stephen Kaler
Dr. Donna Krasnewich
Ms. Georgeanne Kuberski
Dr. Johnson Liu
Ms. Helen Mays
Dr. Fred Ognibene
Ms. Becky Parks
Dr. Forbes Porter
Dr. Raphael Schiffman
Dr. Lisa Snider
Dr. Susan Swedo
Dr. Ekaterina Tsilou
Dr. Lori Wiener
Dr. Carol Worrell

ABSENT: Dr. Steve Chanock
Mr. Larry Eldridge
Dr. Steve Holland
Dr. Cliff Lane
Ms. Madeline Michael
Dr. Zenadie Quezado
Ms. Myra Woolery-Antill

<u>GUESTS:</u>	Mr. Yong-Duk Chyun	Mr. Jeff Murray
	Mr. Jerry Foster	Ms. Wendy Schubert
	Ms. Donna Gwyer	
	Dr. Claire Hasting	
	Ms. Judie Johnson	
	Ms. Diane McAuliffe	
	Ms. Judi Miller	

ANNOUNCEMENTS

The minutes of March 7, 2002 were approved as written.

The Statement of Relationship to Child guardianship form suggested by the Pediatric Care Committee was approved by the Medical Executive Committee and the Medical Record Committee. The form has been in use since March 2002 by Admissions.

Dr.'s Henderson and Gallin approved the Clinical Center continuing to offer PALS twice a year. The next course is being planned for the Fall. Tammy Jenkins will announce the dates shortly.

Dr. Merke reminded the Committee that in the past several members had volunteered to be a pediatric IRB consultant, as needed. She distributed the IRB Pediatric Consultant list and asked that the list be updated. Several members volunteered.

The Children's Inn expansion is underway. A groundbreaking ceremony was held on April 24th to mark the start of the construction of a new wing. When the wing opens in 2003, the Children's Inn will be able to house an additional 18 families (increase from 37 to 55 families).

Dr. Merke reminded members of the Medical Administrative Series Policy M95-10 regarding the housing of pediatric patients in the Clinical Center. This policy states that pediatric inpatients will be housed on patient care units suitable for their needs. PCU's considered appropriate for the care of pediatric inpatients are 10D, 9W, 13W, 2W, 7E, 3E. Requests for admission of pediatric patients to other PCU's should be sent to Dr. Merke.

Dr. Merke announced that the Clinical Center is in the process of hiring Dr. David Lang, a pediatrician who will join her on the Pediatric Service. Dr. Lang is currently completing a fellowship program in academic pediatrics at Johns Hopkins University and will start at the Clinical Center this summer. Dr. Merke thanked the search committee, chaired by Dr. Zena Quezado. Other members were Dr. Stephen Chanock, Dr. Jeffery Baron, Dr. Mitchell Horwitz, and Ms. Tannia Cartledge.

Mr. Brown mentioned that the Children's Inn will be sponsoring a summer day camp for pediatric patients and their siblings.

BUSINESS

A. CRC Pediatric Care Unit

ZGF architects gave an overview of the new CRC Pediatric Care Unit. Patient room and nurse station designs were reviewed. Color enhancements and materials were presented. The proposed final color scheme was presented and included muted warm shades of blue, yellow, green and orange. These colors will complement the color scheme of the rest of the hospital. Pediatric specific enhancements were presented and discussed including specialized nightlights (illuminated designs). A sun and moon theme was presented as a possibility.

Committee members emphasized that the overall design should be appealing to a wide age range of children – toddlers and adolescents. Concern was expressed regarding safety. Children often play in the hallways, and objects that can be broken easily by a thrown toy or ball should be avoided. Sharp edges and breakable glass should not be used. The Committee endorsed the proposed color scheme. However, several members expressed concern about the orange/gold color and did not find this color appealing. Several ideas were discussed for enhancing the design. Furnishings and artwork will be selected at a later date.

Action:

- A subcommittee was formed to provide feedback in the future regarding the design of the new CRC Pediatric Care Unit. Members include Ms. Margo Aron, Ms. Barbara Corey, Dr. Lee Helman, Dr. Sue Swedo, and Dr. Deborah Merke.

B. Pediatric Web Page

Ms. Schubert provided the Committee with an update of our current Pediatric Web site, which is designed for use by patients and their families. Over 5,000 hits to this site occurred in the months of April, May and June. Approximately 700 to 800 visitors used this site. Ms. Schubert mentioned that the coloring book was the most used page on the website. Ms. Schubert also mentioned 90% of the users were in the United States and 10% were outside of the U.S. The majority of users in the US were from Maryland, Virginia, California and Colorado.

Dr. Merke mentioned that the next step is to develop the Pediatric Web Page – Staff Only site. She distributed a suggested outline of the plan for the Staff Only site and summarized suggested topics. Discussion followed. The committee endorsed the continued development of this web site. Existing documents that will be placed on this web site include: “How to” obtain a Children’s Hospital consult, sedation guidelines, and health screening of pediatric visitors. Links will be established for existing Medical Administrative policies that involve children. New documents which will be developed by committee members include: 1) how to admit a child to the Clinical Center (B. Corey, M. Woolery-Antill, T. Jenkins); 2) preadmission social work assessment guidelines (M. Aron); 3) IV fluid management guidelines (D. Merke); TPN guidelines (M. Michael); age-appropriate normal values (D.

Merke). Protocol specific information for staff and/or families could also be placed on this web site.

Action:

- Suggestions for the Pediatric Web Site should be sent to Dr. Merke and Ms. Schubert.
- Committee members will continue to inform their respective Institutes of the availability of the patient/family section of this web site:
<http://www.cc.nih.gov/ccc/pedweb/index.html>.
- Committee members will work on suggested new documents

C. Pediatric Medication Errors

Dr. Paul Jarosinski provided the Committee with an update. The Medication Occurrence Report Evaluation (MORE) Subcommittee of the Pediatric Care Committee met May 16, 2002. An analysis of occurrence reports as well as Pharmacy intervention reports for pediatric patients for the first half of FY2002 (October 1, 2001 – March 31, 2002) were discussed. Some higher occurrence categories for examination were identified: 1) delayed or missed infusions due to failure to open the roller clamp; 2) the most common medication entry errors (acetaminophen, FeSO₄, ibuprofen, ranitidine); 3) pediatric dose ordered calculated according to patient weight but exceeds the adult dose; 4) pharmacy interventions to adjust parenteral nutrition orders.

Based on recommendations from members of the MORE subcommittee, changes in the MIS ordering pathway were recently completed for the drugs that represent the most common medication entry errors.

The subcommittee recommended the following: 1) Nursing should consider studying clamp issues. Ms. Barb Corey mentioned that nursing is already addressing these clamp issues. 2) MORE will track the identified most common medication errors (acetaminophen, ibuprofen, ferrous sulfate, ranitidine) and compare rates before and after MIS changes were implemented. 3) MORE recommends education regarding TPN for 3 target audiences: pharmacy, physicians, nursing. 4) MORE will track dose-related pharmacy interventions. 5) The goal is to reduce pharmacy dose-related interventions. MORE will evaluate the effectiveness of implementing suggested changes. 6) MORE will meet every 6 months and evaluate data according to fiscal year.

The Pediatric Care Committee unanimously accepted these recommendations.

Action:

- Dr. Paul Jarosinski will report the subcommittee's progress to the P & T committee and recommend education for pharmacists regarding TPN
- Dr. Merke and Ms. Michael will develop an educational program for physicians and nurses regarding TPN
- The MORE subcommittee will continue to meet every 6 months and report to the Pediatric Care Committee

D. Trans- NIH Pediatric Consortium (TNPC)

Dr. Stephen Kaler reported to the Committee on this new initiative. Dr. Kaler reported that there are 117 pediatricians credentialed at the Clinical Center. He sent an email to these pediatricians regarding the creation of this new group and received a positive response. A steering committee has been formed and the goals of the TNPC include: 1) to increase personal interaction and communication among NIH pediatricians; 2) to provide opportunities for presentation and discussion of research projects; 3) to complement the efforts of the Pediatric Care Committee.

The TNPC will meet quarterly. Meetings will begin at 11:30 AM on Fridays and will include a brief period for networking (11:30 – 12 Noon) during which light lunch will be provided. At noontime, informal clinical or basic research talks, or presentations on topics of general relevance will begin. These will end at 1 PM. The first three meetings are planned for 6/7/02, 9/13/02 and 12/6/02 and will be held in the NICHD Conference Room on 10 West (Rm 10S237). The speaker for June will be Dr. Hirschfeld of the FDA and the topic will be an Update on FDA Pediatric Initiatives. For September the speakers will be Dr. Brunell and Dr. Rother. They will be speaking about Developmental Immunology and Juvenile Diabetes. The speakers for December are to be announced.

E. Growth Charts

Dr. Merke reported on the growth chart QA project. Ms. Madeline Michael is overseeing this project, however she was unable to attend the PCC meeting. A pilot of the proposed new method of placing and maintaining growth charts in the medical record is currently being carried out in the pediatric areas of 9West, OP9 and the pediatric day hospital. For new patients, the clerk or nurse places a growth chart in the medical record. For patients who have been seen previously at the Clinical Center, the clerk locates the growth chart and places it under the tab marked “growth/measurements”. The nurse who obtains the height and weight plots these measurements on the growth chart if they have not been plotted in the past 6 months (3 months for < 2 yo).

Action:

- The pilot will continue for another month or two and then a survey will be conducted. Expansion to other pediatric areas of the hospital will be considered.

F. Children’s Hospital Contract

Ms. Judi Miller reported on updates for the Children’s Hospital Contract. A recent modification to the contract involved the transfer of care (“sign-off”) from the outside consultant to the NIH clinician following procedures. Additional wording was added to the contract requiring that transfer of care occur from physician to physician, not to the charge nurse. A primary and secondary NIH physician or nurse practitioner must be listed for procedures done by a Children’s consultant. Each listed NIH contact on the consult form (primary and secondary) has 10 minutes to respond to a page from the consultant. If there is

no response from either the primary or secondary contact, the consultant may convey the post-procedure care orders to the on-duty physician in the PACU/Recovery Room.

F. Pediatric Subspecialty Directory

Ms. Miller has completed MIS changes regarding obtaining subspecialty pediatric consults. Each subspecialty service now indicates in MIS whether or not they provide pediatric consults and if not, a link to obtaining a Children's Hospital consult has been established. Ms. Miller asked members to please review the MIS screens and provide feedback to her.

Action:

- PCC members will review MIS screens and provide feedback to Ms. Miller